

Form Approved OMB No. 2000-0138 EPA Form 8900-1



## Notification Hazardous Waste Sit

United States **Environmental Protection** Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensive Environmental Response, Compensi sation, and Liability Act of 1980 and must which applies.

Please type or print in ink. If you need additional space, use separate sheets of



be mailed by June 9, 1981.					331160
	81	10608	MH 33	MNS-000	0-001-001
Person Required to Notify:		Aircreft	Services Inc.		
or organization required to notify.		Street 9208 Jan	es Ave. So.		
		city Minneapo	lis,	State Minn.	Zip Code 55431
B Site Location:  Enter the common name (if known) and actual location of the site.  MNU 005-782/23					<del></del>
		Name of Site Aircl	ert Services, in	.C.	
		Street 9208	James Ave. So.		
		City Minneapol	is. County Henner	oin State Minn.	Zip Code <b>55431</b>
Person to Contact:					
Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First and T	itle) Strom, Vincent	t; President &	General Manager
		Phone 612-888-4671			
Dates of Waste Handling:	<del>.</del>				
Enter the years that you estimat treatment, storage, or disposal bended at the site.	e waste egan and	From (Year) 1975	To (Year) 1981		
encouraged to describe the site of General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.  1. □ Organics 2. □ Inorganics 3. ☒ Solvents 4. □ Pesticides 5. □ Heavy metals 6. □ Acids	Source of Place an boxes.  1.	Description of Site.  of Waste:  X in the appropriate ining extiles extilizer appropriate in per/Printing eather Tanning	specific Type of EPA has assigned listed in the regulary appropriate fourthe list of hazard	FR Part 261).  Waste: d a four-digit number lations under Section digit number in the boos wastes and code	to each hazardous wasten 3001 of RCRA. Enter the loxes provided. A copy of s can be obtained by
8. □ PCBs 9. □ Mixed Municipal Waste 10. □ Unknown 11. □ Other (Specify)	8.	nemical, General ating/Polishing ilitary/Ammunition ectrical Conductors ansformers ility Companies anitary/Refuse notofinish b/Hospital	0 0	10041 JUN-8	181
	Person Required to Notify:  Enter the name and address of tor organization required to notify  Site Location:  Enter the common name (if know actual location of the site.   NO 05-782/2  Person to Contact:  Enter the name, title (if applicable business telephone number of the contact regarding information submitted on this form.  Dates of Waste Handling:  Enter the years that you estimate treatment, storage, or disposal been ended at the site.  Waste Type: Choose the option of the contact regarding information submitted on this form.  Waste Type: Choose the option of the site	Person Required to Notify:  Enter the name and address of the person or organization required to notify.  Site Location:  Enter the common name (if known) and actual location of the site.  Person to Contact:  Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.  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The categories listed overlap, Check each applicable category.  1. □ Organics 2. □ Longanics 3. Solvents 4. □ Persticides 5. □ Heavy metals 5. □ Paper/Printing 6. □ Acids 6. □ Leather Tanning 7. □ Bases 7. □ Iron/Steel Foundry 8. □ PCBs 8. □ PCBs 9. □ Mixed Municipal Waste 9. □ Plating/Polishing 10. □ Unknown 10. □ Military/Ammunition 11. □ Other (Specify) 11. □ Electrical Conductors 12. □ Transformers 13. □ Utility Companies 14. □ Sanitary/Refuse 15. □ Photofinish 16. □ Lab/Hospital 17. □ Unknown 18. □ PCBs 19. □ Mixed Place and Place a	Person Required to Notify: Enter the name and address of the person or organization required to notify.  Site Location: Enter the common name (if known) and actual location of the site.  Person to Contact: Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.  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Source of Waste: Place an X in the appropriate boxes.  Source of Waste: Place an X in the appropriate boxes.  Source of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Specific Type of Waste: Place an X in the appropriate boxes.  Spe

	Notification of Hazardous Waste Site	Side Two					
F	Waste Quantity:	Facility Type	Total Facility Waste Amount				
	Place an X in the appropriate boxes to indicate the facility types found at the site.	<ol> <li>Diles</li> <li>Land Treatment</li> <li>Landfill</li> <li>Tanks</li> <li>Impoundment</li> </ol>	cubic feet				
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.		Total Facility Area				
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	<ul> <li>6. Underground Injection</li> <li>7. Drums, Above Ground</li> <li>8. Drums, Below Ground</li> <li>9. Other (Specify)</li> </ul>	acres				
G	Known, Suspected or Likely Releases to the Environment:						
	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.						
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.						
H	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	al)					
_	Description of Site: (Optional)						
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.						
J	Signature and Title:  The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required	Name Vincent Strom Street 9208 James Ave. So.					



9208 James Ave. So. Minneapolis, Minnesota 55431

US EPA Region 5

Chicago, Ill. 60604 Sites Notification